



2021 Fall Intersession Camp Registration Form

Child's Name: _____ Male/Female Birth Date: _____

Mother's Name: _____ Email: _____

Full Address: _____ Best Contact Number: _____

Employer: _____ Work Number: _____

Emergency Contact: Yes No Authorized to Pick-up: Yes No

Father's Name: _____ Email: _____

Full Address: _____ Best Contact Number: _____

Employer: _____ Work Number: _____

Emergency Contact: Yes No Authorized to Pick-up: Yes No

Emergency Contacts and/or Authorized Pick-Ups (other than parents)

Name: _____ Best Contact Number: _____

Full Address: _____ Driver's License Number: _____

Secondary Phone: _____ Relationship to Child: _____

Emergency Contact: Yes No Authorized to Pick-up: Yes No

Name: _____ Best Contact Number: _____

Full Address: _____ Driver's License Number: _____

Secondary Phone: _____ Relationship to Child: _____

Emergency Contact: Yes No Authorized to Pick-up: Yes No

Authorization for Activity Participation

I authorize my child to participate in the following activities while enrolled in YMCA programs:

Yes / No Water Activities Yes / No View a PG rated film

Yes / No Participate in photos or videos for YMCA publications

X _____

Signature of Parent/Guardian

Date



Authorization for Emergency Medical Care

Please fill out this form completely and accurately. If section does not apply to our child, please write "N/A".

- **AUTHORIZATION:** In case of sickness or accident, I hereby give my permission to the medical personnel selected by the YMCA to order and/or perform any medical attention deemed necessary, if I am unable to be contacted. I accept financial responsibility if such treatment is necessary. I further understand that neither the YMCA nor its workers can be held responsible in the event of accident or accidental death.

Current Medications: _____

Dietary Modifications: _____

Operations/Serious Injuries: _____

Disability/Chronic/Recurring Illnesses/Allergies: _____

X _____

Signature of Parent/Guardian

Date

Statement of Responsibility

I understand and acknowledge that the YMCA of El Paso does not offer any medical insurance to protect against injuries, makes no claim to do so, and has no responsibility for any medical expenses incurred. I understand that each participant must assume the risk and any related financial responsibility that could result from participation in any of these activities. I agree to assume such risks and such financial responsibility.

X _____

Signature of Parent/Guardian

Date

Parent and Participant Statement of Agreement

- I understand that I may not leave my child at the YMCA unless there is a YMCA staff member present.
- I understand that my child will not be allowed to leave the program with an unauthorized person or staff member. Only adults with valid photo IDs and who are over the age of 18 can be authorized to pick up the child.
- I understand that the YMCA is mandated by Texas Law to report any suspected cases of child abuse or neglect.
- I understand that I will be charged a late fee if I fail to pick up my child on time.
- I understand that YMCA staff may **not** baby-sit, transport, or care for children other than during YMCA program hours.
- I understand that my child may be removed from YMCA for any of the following reasons:
 - 1) Failure to pay program fees by designated deadlines.
 - 2) Inappropriate behavior of a child/parent that endangers anyone involved with the YMCA.
 - 3) Failure to observe any of the conditions listed in the seasonal Parent Handbook.

NOTE: Failure to sign this parent agreement does not nullify this agreement

X _____

Signature of Parent/Guardian

Date